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*Title and Quotation of an Article by*

PAUL M. CARRINGTON, Surgeon P. H. & M. H. S.

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"In General, the climate (of New Mexico) is such as to permit outdoor work and outdoor life the year-around under conditions that are comparatively comfortable and pleasant."

*Quotation from Report by*

Professor HENRY, Bulletin Q. Department of Agriculture.

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"In the true climatic sense, the high-altitude treatment received great impetus from this Congress (International Congress on Tuberculosis, Washington D. C.), as accomplishing the greatest good for the largest number . . . Climatic treatment of itself, without hygiene, was known to be the cause of recovery . . . "

*Quotation from*

ARNOLD C. KLEBS' Book "*TUBERCULOSIS*."

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"The climate of Las Vegas seems to me remarkably good. In respect to coolness, bracing qualities of air and comparative freedom from dust and mosquitoes, it is much superior . . . "

*Quotation from Report by*

C. B. BUSHNELL, Major and Surgeon, U. S. A,



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## NEW MEXICO MEDICAL SOCIETY.

## OFFICERS

President J. W. Elder,.....Albuquerque  
 First Vice-President, Francis T. B. Fest, E. Las Vegas  
 Second Vice-President R. L. Bradley,.....Roswell  
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           W. R. Tipton,.....Las Vegas  
           W. T. Joyner,.....Roswell

## AFFILIATED SOCIETIES.

Las Vegas, Bernalillo County, Chaves County, Grant  
 County, Dona County, Luna County, Otero County,  
 Eddy County, Quay County, Torrance County  
 Colfax County, Santa Fe County.

## EDITORIAL

## THE MEETING

The meeting was a success. We went to Roswell to learn from each other and to strengthen our profession in the territory by becoming nearer and dearer to each other. Several incidents brought it out that "in unity there is strength."

Roswell treated us nobly. The Elks provided a "grazing and watering place" for the medical Elks, which kindness helped to relieve many from the hardships of the trip.

After the masses had gone to bed, after the mass had sifted down by the survival of the fittest, a conclave was held and some scientific tests were made regarding the vibrations of the ear drums of the natives. They stood

the pressure and we have all reason to assure the world that the citizens of Roswell are a peace-loving community and not easily disturbed after reaching once the post-somnolent stage. Sonorous sonorificity at the soniferous cult of Bacchus seems to increase this condition.

The automobile ride through the shady lanes, along green orchards and fields was a pleasant change for the majority who is used to rocks and sand.

The entertainment at the hospitable house of Dr. and Mrs. Yater made the visitors feel at home.

Our Society is small, but the smallness bring us in closer touch, makes us more friendly and makes friends. We feel more free to discuss topics and our needs in a brotherly way which would be utterly impossible in a large crowd.

I said: "We were at home in Roswell." Sometimes it seemed more a home coming of a large family than the gathering of a cold scientific body. Let us meet in the same spirit again next year.

We have only one occasion to use the hammer, only one incident left an impression which was able to stop the pleasant and pleased expression on the faces of the visitors: the unfairness of the management of the hotel which was headquarters and the need of a vacuum cleaner in some rooms.

We hope Roswell will invite us again.

SCIENTIFIC AND POPULAR  
SCARLATINA

What is scarlet fever?—What causes scarlet fever?—Most sage femmes of any little hamlet could tell you more about it than we can ever hope to know;—and we must confess, we know very



little about the etiology of scarlatina. But the day is near,—the dawn has broken already, when scarlet fever, like diphtheria, will have lost its horrors.

Many may smile to have it called a horror. Many may know only the scarlet fever which is good for children to have; which to have mothers expose their children. Just a little vomiting, a sore throat, scaling off and it is all over with. The sooner the better;—the sage femme says so, and she must know.

Different is the scarlet fever with a mortality of fifty per cent and ten per cent of cripples for life time. Weakened for the advance of tuberculosis, deformed and deaf;—Is this not horror?—

It seems that in some parts of the territory the disease had its undisturbed habitat for several years. Calm for a while in some localities the epidemic lightened up to a mortality of fully thirty and one-third per cent.

Some meditation is in order.—This condition is our fault, not the fault of the public. We must wake up, and the sooner we learn the sooner we can teach others.

We have one consolation. In the centers of learning in the East and the Middle West they have the same fight we have. Only the scene is different and the stage personnel is different.

In the darkest of Africa the peaceful sleepy trypanosomata were disturbed by the advance of science, the Sleeping Sickness is a puzzle no more and in our midst our children succumb to a treacherous disease and science so far failed to raise its weapon of defense.

For more than a decade the pathologist has been puzzled about the role of a streptococcus as causative agent of scarlatina. (Aronson, Kober, Moser,

Firquet, Baginsky, Lauer, etc.). Sera were prepared. They were tried. Opinions differed and differ. The famous experiment of Roger gave us to think. In addition came the work of Stickler and he threw some light upon the chaos by demonstrating beyond doubt that the infective agent, whatever that may be, is to be found in the secretions of the throat.

Yet this contrasted with the popular belief. It seems to be hard even for the medical man to free himself from the maxim "*Vox populi vox Dei.*" The popular belief stands firm that there is a connection between the desquamative stage and infection. This belief has taken root and it will be hard to shake it. Yet the ax touches already the root of this superstition; the fall is near and with its fall, which is unavoidable, we will be closer to the truth. Science is based upon logic and we have no reason, nor did we ever have any reason whatsoever to fear the period of desquamation.

The common man sees the skin peel off, this is more before his eyes than the augmented secretion in nose and throat and therefore he lays stress upon what seems to him the most abnormal. He accepted it for granted; all accepted it for granted. It became a popular belief until science applies the only criterion. So it was with the sting of the snake, the poison of the toad, the words of the priests and the bad air of malaria.

Langhurst long ago,—so Girard,—called attention to the danger of infection during the predesquamative stage, but their voices were lost.

Naturally was the eye of science directed first to the exfoliated skin to find there the carrier of infection. There was no reason to doubt the popular belief. It was examined over and over.



Artefacts were seen occasionally and taken for micro-organisms and disappointed, but untired, the student began his work over again to find nothing but dead skin.

Gradually, however, the eye was lifted from the harmless process of desquamation to the real onslaught of the disease, to places of activity in other parts of the body.

This is only logical. Why study the disease anywhere but in its foci of greatest activity when looking for the specific excitant?—We have a parallel in erysipelas.

During all these years the students clung to the logical process of investigation and their work seems to become crowned with success.

Reviewing the situation fully each one of us will ask how is it possible that the majority of us just followed the public opinion and paid no heed to positive factors which ought to have convinced us long ago. It is like with the egg of Columbus.

Everyone is acquainted with the scarlatina without eruption. If the *materia morbi* is dispersed by the exfoliated skin,—how can these cases without erythema have been foci of malignant type?—

During the great Swedish epidemic were found mild cases which communicated the disease. How about the Christiana servant girl with only a sore throat who gave the disease to twenty-four families?

How about the child, six weeks after recovery, which started a new focus in the Charité?—

How about the cases which succumb within twenty-four hours after the very first symptoms show without any trace of eruption? Yet the disease spreads in the same family?

How is it that in families often a

child becomes ill after a first one has been removed to the isolation hospital before the erythema has developed?

How was it that during an epidemic in the garrison of Munich the infection in the majority of cases occurred several days before any of the cases showed any desquamation?

We all were acquainted with these facts, we recognized them silently, and yet we allow the public to live in the belief that the greatest danger of infection is at the time of desquamation.

Why, if the exfoliated skin is the seat of danger, if there rest or develop a specific excitant, has it not been discovered by the many scientists?—Is there any doubt that the same science which found the mycotic fungi in the pinta would find the *materia morbi* in the skin of scarlatina?—Yet nothing was ever found but dead skin and occasional cocci.

From the beginning all research pointed towards a micrococcus, apparently a streptococcus. That it is different from the streptococcus pyogenes was recognized already by Storensen. Yet it seemed similar to the streptococcus of the diphtheritic sore throat and of erysipelas.

Biologic tests were not satisfactory. The work done in Heubner's clinic and by Hektoen was without result.

The reports became so conflicting that the great majority considered the role of this coccus only as secondary.

Class in his valuable article describes it as occurring like the lanceolatus, often in pairs, but also in chains.

Other agents were claimed, so the segmentation bodies which Mallory claimed to have found in the tissues of scarlatina patients.

But we are advancing rapidly in the right direction. The cloud seems to be lifting. Early this year Schleiss-

ner published his results which the writer up to date finds without contradiction. In shortest abstract they are:—

1.—In exposed cases, before the angina developes, there appear upon the tonsils streptococci which on coagulated blood serum give a culture which is nearly pure.

2.—Frequently streptococci can be cultivated from the blood of scarlatina patients without this occurrence having a prognostic value.

3.—The sera of scarlet fever cases after two to five weeks, nearly without exception, give with emulsions of strains from scarlatinal blood complements,—therefore they contain antibodies.

4.—Emulsions of erysipel-cocci and sera of scarlatina never give complements. Such occur in a mild degree with the cocci emulsion of septic origin.

These experiments are not conclusive. Some links are missing. Yet they establish a close relation of a streptococcus-like organism to the etiology of scarlatina and demonstrate also a slight relationship of this organism, of whatever species it may be, with the streptococcus pyogenes.

**MINUTES OF THE TWENTY-EIGHTH SESSION  
NEW MEXICO MEDICAL SOCIETY,  
TO, ROSWELL, SEPTEMBER  
15<sup>th</sup> 16, 1909.**

**Minutes of the House of Delegates**

The House of Delegates was called to order by President Angle, the Secretary, and the following delegates being present:

Bernalillo County Medical Society—Dr. Frank E. Tull, Dr. John W. Colbert, Dr. P. G. Cornish, Dr. W. G. Hope.

Las Vegas Medical Society—Dr. H. M. Smith, Dr. W. R. Tipton.

Grant County Medical Society—Dr. LeRoy S. Peters.

Chaves County Medical Society—Dr. W. T. Joyner, Dr. J. W. Kinsinger.

Eddy County Medical Society—Dr. E. T. Dunaway.

Curry County Medical Society—Dr. A. H. Faith, Dr. S. G. VonAlman.

Otero County Medical Society—No delegate.

Luna County Medical Society—No delegate.

Quay County Medical Society—No delegate.

Torrance County Medical Society—No delegate.

Dona Ana County Medical Society—No delegate.

Colfax County Medical Society—No delegate.

Santa Fe County Medical Society—No delegate.

The credentials of the above delegates were approved.

The minutes of the previous session held at Albuquerque, September 2 and 3, 1908, were then read, and upon motion were approved as read, and printed in the Journal.

The Secretary then submitted his annual report, together with account, which upon motion was referred to Council for action.

Dr. G. W. Harrison, Chairman of the Committee on Public Policy and Legislation, then made a lengthy report, which, together with his account, were referred to Council for action.

Dr. W. T. Joyner, Chairman of the Committee on Arrangements, announced the banquet which was to be held at the Grand Central Hotel Thursday night, an automobile ride

ending at the Country club and other entertainments for the visitors.

Dr. G. W. Harrison gave notice of the following amendments to the Constitution:

1. Amend Article 6 of the Constitution, by striking out the words "ex-officio" after the words "President and Secretary."

2. Amend the By-Laws, Chapter 5, Page 9, by adding the following: In cases of absence from regular meetings of any of the Councilors the House of Delegates shall elect a member of the Society from the respective district and who is present at session to serve until successor is elected. This amendment to take effect beginning with the year 1910.

The House then adjourned until 9 a. m., Thursday morning, September 16.

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**Minutes of the House of Delegates, 9 A. M.,  
Thursday, September 16, 1909.**

The meeting was called to order by President Angle, all delegates being present, who reported at meeting of Wednesday morning.

The reading of the minutes of previous meeting was called for and same were approved.

It was moved by Dr. G. W. Harrison and supported by Dr. J. W. Kinsinger that Amendment No. 1, relative to election of Councillor be adopted. This motion carried.

It was moved by Dr. H. M. Smith and supported by Dr. G. W. Harrison that Amendment No. 2, relative to voting of President and Secretary at Council meetings, be adopted. This motion carried.

It was moved by Dr. J. W. Colbert and supported by Dr. H. M. Smith that report of the Treasurer be referred to

Council for action. Carried.

Dr. H. B. Kauffmann then gave notice of an amendment to Article 4, Section 2, of the Constitution, which reads "To amend Article 4, Section 2, of the Constitution, by striking out the word 'regular' before the words 'Medical School.'"

Dr. W. T. Joyner then gave notice of an amendment to Article 9, Section 2, of the Constitution, which reads, "Amend Article 9, Section 1, by striking out the word 'three' and inserting the word 'seven.'"

Amend Article 9, Section 2, by striking out all that portion of said section referring to terms of Councilors and inserting the following: "The terms of Councillors shall be for three years. Those first elected serving as follows: Two for one year, two for two years and three for three years, as may be arranged, so that after the first election, two shall be elected annually, for a term of three years and each third election, three shall be elected for a term of three years."

Election of officers then being in order, the House proceeded to name the officers for the ensuing year; as a result the following were elected to serve:

President—Dr. John W. Elder, Albuquerque.

First Vice-President—Dr. F. T. B. Fest, East Las Vegas.

Second Vice-President—Dr. R. L. Bradley, Roswell.

Third Vice-President—Dr. LeRoy S. Peters, Silver City.

Treasurer—Dr. A. H. Faith, Clovis.  
Secretary—Dr. G. S. McLandress, Albuquerque (re-elected).

Councillor (for three years)—Dr. W. T. Joyner, Roswell.

Committee on Public Policy and



Legislation—Dr. P. G. Cornish, Albuquerque; Dr. C. M. Yater, Roswell; Dr. G. W. Harrison, Albuquerque.

Committee on Scientific Work—Dr. J. W. Colbert, Albuquerque, Dr. G. S. McLandress, Albuquerque; Dr. F. T. B. Fest, East Las Vegas.

Editor-in-Chief, Journal of the New Mexico Medical Society—Dr. Francis T. B. Fest, East Las Vegas.

Associate Editors—Dr. C. M. Yater, Roswell; Dr. LeRoy S. Peters, Silver City; Dr. J. W. Colbert, Albuquerque.

Delegate to American Medical Association—Dr. G. K. Angle, Silver City.

Alternate Delegate—Dr. J. W. Elder, Albuquerque.

The President appointed Drs. P. G. Cornish, J. W. Colbert and H. B. Kauffmann a Committee on Resolutions, to report later.

It was moved, supported and carried that the sentiments expressed in the President's address be endorsed by the House of Delegates.

It was moved by Dr. W. T. Joyner and supported by Dr. A. H. Faith, that a committee be appointed to draft resolutions expressing the dissatisfaction felt by the New Mexico Medical Society relative to the passage of the recent Medical Act, and that copies of the resolutions be sent to the Secretary of the Board of Health and Medical Examiners, the Governor of the Territory and the Secretary of the Interior. This motion carried and the following were named members of the Committee:

Drs. W. T. Joyner, P. G. Cornish, H. M. Smith, G. W. Harrison, S. S. Von Alman and J. W. Elder.

After much deliberation, Albu-

querque was chosen as the place of next meeting, in the fall of 1910.

It was moved by Dr. G. W. Harrison and supported by Dr. P. G. Cornish that the Committee on Public Policy and Legislation be instructed to exert every effort for the passage of a law allowing dissection of the pauper dead for scientific purposes, the bodies of those used for such purposes to be buried by the dissectors. Carried.

The House then adjourned to meet at 4 P. M., Thursday, September 16.

#### 4 P. M., Thursday, September 16

The meeting was called to order by President Angle. It was moved and supported that the report of the Committee on Resolutions be adopted and spread upon the records of the Society. Carried.

It was moved and supported that the report of the Committee appointed to draft resolutions relative to recent medical act be received and adopted. Carried.

It was moved by Dr. J. W. Kinsinger and supported by Dr. J. W. Colbert that the Editor-in-Chief, and the Secretary of the New Mexico Medical Society each receive \$100 per year for services. Carried.

The following resolution, offered by Dr. G. W. Harrison, was adopted:

Resolved, That it is considered unethical for a physician to visit a patient who has been treated by an osteopath or Xian scientist for the sole purpose of being in time to sign a death certificate.

The House of Delegates of the Twenty-eighth Annual Session of the New Mexico Medical Society then adjourned sine die.

(Signed) G. S. McLandress,

Secretary.



**MINUTES OF THE GENERAL SESSIONS  
OF THE**

**New Mexico Medical Society, held at Roswell, New Mexico, September 15-16, 1909.**

**Wednesday Morning, Sept. 15, 1909.**

The meeting was called to order by President C. K. Angle.

The Rev. Hubert Smith of Roswell then invoked divine guidance, the members standing.

Hon. G. A. Richardson, Mayor of Roswell, was then introduced and on behalf of the city of Roswell welcomed the Society.

An address of welcome on behalf of the Chaves County Medical Society was delivered by Dr. C. M. Yater.

The response to the addresses of welcome was given by Dr. J. W. Elder on behalf of the New Mexico Medical Society.

The President's annual address was then delivered and was entitled, "Some Observations on the Present Phase of Medical Practice in the States." President Angle's address was well received and most favorably commented upon on all sides.

The Society was then entertained by Miss Hazel Mayes, who rendered two splendid violin selections.

The Committee on Arrangements announced an automobile ride for the visiting physicians and ladies at 4 o'clock p. m. and reception at the home of Dr. and Mrs. C. M. Yater at 8 p. m.

It was moved by Dr. G. S. Landress and supported by Dr. J. W. Colbert that we adjourn in honor of Dr. William H. Burr of Gallup. This motion carried and the meeting then ad-

joined until 1:30 p. m., Thursday, September 15.

**Wednesday, 1:30 P. M.**

The meeting was called to order by Dr. J. W. Elder, Vice-President of the Society.

The first paper of the scientific program, entitled "The Indigent Consumptive Proposition," was read by Dr. C. M. Mayes of Roswell. Earnest consideration of this subject was shown throughout the paper, and it was discussed by Dr. LeRoy S. Peters of Silver City and Dr. J. W. Laws of Lincoln.

"The Treatment of Typhoid Fever in Private Practice" was the title of the second paper, by Dr. L. H. Pate of Lake Arthur. Dr. Pate's paper was most interesting and was discussed by Dr. Ulysses P. White of Artesia and Dr. P. G. Cornish of Albuquerque.

"Otitis Media" was the subject of a paper by Dr. T. E. Pressley of Roswell. The many points of this subject received the thorough study of a specialist and was discussed by Dr. Frank E. Tull of Albuquerque.

Dr. H. A. Ingalls of Roswell then read an instructive paper, entitled "Ectopic Gestation," which was thoroughly discussed by Dr. R. L. Bradley of Roswell and Dr. P. G. Cornish of Albuquerque.

The time having arrived for outside entertainment, the Society then adjourned to meet Thursday morning, September 16, at 9 o'clock.

**Thursday Morning, Sept. 16.**

The meeting was called to order, with Vice-President J. W. Elder in the chair.

A well written paper, entitled "Use and Abuse of Surgery," was the first

paper of the morning session, and read by Dr. W. C. Buchley of Roswell. Careful consideration was shown in the preparation of this paper and it was well discussed by many of the members present.

"The Practicing Physician and His Care of the Consumptive" was the title of a splendid paper read by Dr. J. W. Laws of Lincoln. This subject is ever interesting to the practitioners of this Territory and Dr. Laws' paper was thoroughly appreciated. It was given much discussion by the members present.

Dr. A. H. Faith of Clovis then read a paper, entitled "Pelvic Inflammation," which was discussed by Dr. R. L. Bradley of Roswell and Dr. F. T. B. Fest of East Las Vegas.

"Vesical Calculus" was the subject of a surgical paper by Dr. J. W. Colbert of Albuquerque. The author described his operation for the removal of vesical calculus and exhibited some specimens which were very large. The causation of this complaint was given much attention and the paper was discussed by Dr. J. P. Kaster of Topeka and Dr. R. L. Bradley of Roswell.

Dr. F. T. B. Fest of Las Vegas then read a scientific paper, entitled "Improved Microscopic Technique in Relation to Tuberculosis," which was discussed by Dr. Charles F. Montgomery of Roswell and Dr. LeRoy S. Peters of Silver City.

"A Preliminary Report on the Hypodermatic Use of Mercury in the Treatment of Tuberculosis" was the subject of a paper by Dr. LeRoy S. Peters of Silver City, which was discussed by Dr. F. T. B. Fest, Dr. J. W. Laws and Dr. E. C. Thorn.

The meeting then adjourned until 1:30 p. m.

#### 1:30 P. M., Thursday, Sept. 16.

The meeting was called to order by the President, Dr. G. K. Angle.

An able paper, entitled "Eye Strain: Its Diagnosis and Treatment," by Dr. Frank E. Tull of Albuquerque, was the first paper of the afternoon, and was discussed by Dr. T. E. Pressley of Roswell and Dr. J. W. Tinder of Roswell.

"Milk Sickness" was the subject of a paper by Dr. Charles F. Montgomery of Roswell. The subject was well covered by the author, and was thoroughly discussed by Dr. C. M. Yater of Roswell and Dr. G. K. Angle of Silver City.

"Hay Fever" was ably written by Dr. J. W. Tinder of Roswell and discussed by Dr. T. E. Pressley and L. H. Pate.

Dr. Charles F. Beeson of Roswell then presented a paper, entitled "Saline Transfusion in the Treatment of Ilio-Colitis," which was well received by the members and discussed by Dr. C. M. Mayes and Dr. L. H. McCarley of Auburn, Ky.

Dr. J. W. Kinsinger of Roswell then addressed the Society on "The Physical Diagnosis of Tuberculosis," giving valuable conclusions of many years' experience in the practice.

Dr. D. R. Fly of Amarillo, Texas, then addressed the Society on "Unity, Peace and Harmony," every remark of the speaker being enthusiastically received by the members present.

Dr. Fly was made an honorary member of the Society by an unanimous vote.

Following this came the introduction and presentation of the President-Elect, Dr. J. W. Elder of Albuquerque. Elect, Dr. J. W. Elder of Albuquerque.

expressing his thanks for the honor conferred and his determination to make the coming year a successful one.

A vote of thanks was then tendered the retiring President, Dr. G. K. Angle, of Silver City, by the Society, after which the twenty-eighth annual meeting of the New Mexico Medical Society adjourned, sine die.

(Signed) G. S. McLandress,  
Secretary.

To the President and Members of the  
House of Delegates of the New  
Mexico Medical Society.

Gentlemen: In compliance with the retirements, the Secretary begs leave to submit the following report:

In reviewing the membership list we find that nearly all the County Societies have gained. Up to the date of this meeting the membership of the New Mexico Medical Society stands as follows:

Bernalillo County Medical Society	43
Las Vegas Medical Society . . . . .	16
Chaves County Medical Society..	17
Quay County Medical Society...	13
Grant County Medical Society..	11
Dona Ana County Medical Society	9
Luna County Medical Society....	6
Otero County Medical Society ...	11
Eddy County Medical Society...	11
Torrance County Medical Society	7
Colfax County Medical Society..	9
Santa Fe County Medical Society	11
Curry County Medical Society..	19

Less Dr. Yoakam counted in  
both Bernalillo . . . . . 183  
and Santa Fe County Societies 1

182

Outside members . . . . . 10

192

Four new County Societies have been organized during the year past, viz: Torrance county with 7 members, Colfax county with 9 members, Santa Fe county with 11 members and Curry county with 15 members.

The card index has been added to considerably during the year and we have tried to keep this up to date as nearly as possible. On account of numerous removals, your Secretary must appeal to the secretaries of the various County Societies for data along this line and strict attention to changes in membership and removals is not paid in many instances.

It became my duty to report the death of Dr. William H. Burr of Gallup, as having occurred since our last meeting.

The publication of the Journal has proceeded with regularity. Since our last meeting six issues have been printed, September, 1908, January, March, May, July and September, 1909.

Shortly before the first of the year the Council decided to publish the Journal bi-monthly, instead of quarterly, and so far this change has been successful.

The same policy is adhered to in refusing advertising space to manufacturers of quack remedies or to anything not in accord with our principles of ethics.

During the past year 26 original articles appeared in the Journal; 141 pages of reading matter and 67 pages of advertising matter. During the year we have made the Journal a bi-monthly instead of a quarterly, have printed 350 copies instead of 300, have a 36-page book instead of a 32-page, and the Journal is mailed in a neat printed envelope instead of rolled in a wrapper.



I am glad to report that with all these changes I have not been compelled to call upon the Society for a dollar, and that after all accounts are paid will still have from \$75 to \$100 cash on hand.

Respectfully submitted,  
(Signed) G. S. McLandress,  
Secretary N. M. Medical Society.

### RESOLUTIONS.

Whereas, Certain reforms in the Medical Laws of this Territory were and are necessary, and

Whereas, The New Mexico Medical Society has appointed a committee to confer with the proper authorities and point out certain reforms necessary for the public welfare and to bring about such adequate legislation, and

Whereas, Certain of the Territorial Officials and certain members of the Board of Health and Legislature in authority pledged and promised their support for the measures desired and asked for by the New Mexico Medical Society, and

Whereas, At the time of legislature the said certain officials and certain members of the Board of Health and Legislature not only did not comply with such promises given, but helped and recommended legislation contrary to the desires of the New Mexico Medical Society;

Therefore, The New Mexico Medical Society hereby protests against the treatment received and such legislation as passed in 1909.

(Signed) W. T. JOYNER,  
Chairman of Committee.  
G. W. HARRISON,  
Secretary of Committee.

To the Chaves County Medical Society, Roswell, New Mexico.

Gentlemen: On behalf of the New Mexico Medical Society we desire to tender the Chaves County Medical Society our most earnest thanks for the many courtesies and entertainments extended to us during our stay in your city.

(Signed) J. W. Colbert,  
H. B. Kauffmann,  
P. G. Cornish.

To the Roswell Commercial Club, Roswell, New Mexico.

Gentlemen: On behalf of the New Mexico Medical Society at its twenty-eighth annual session, we most heartily extend our thanks for your kind hospitality in tendering us the use of your club and other courtesies shown us while in your city.

(Signed) J. W. Colbert,  
H. B. Kauffmann,  
P. C. Cornish.

To the Members of the New Mexico Medical Society.

Whereas, It has pleased Almighty God in His infinite wisdom to call from our midst our beloved colleague and fellow member, Dr. William Hungerford Burr of Gallup, New Mexico; be it

Resolved, That in his death our Society has suffered an irreparable loss of an ardent and conscientious worker, and the Territory of New Mexico has lost a valuable and honorable citizen; be it further

Resolved, That these resolutions be spread upon the minutes of the Society



and that a copy be sent to the bereaved wife.

(Signed) J. W. Colbert,  
H. B. Kauffmann,  
P. G. Cornish,  
Committee on Resolutions.

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### PRESIDENT'S ADDRESS

#### Some Observations on the Present Phase of Medical Practice.

By Dr. G. K. Angle, Silver City.

I do not believe it will be disputed by any intelligent person, that the truly educated man enters any of the learned professions for the sole purpose of money making, true the educated man needs must have and is justly entitled to an income sufficient to live in harmony with the ambitions which spring from an awakened intellect. If he is to give his best efforts to the public, if he is to be the flower of the American civilization, the ideal physician, there must be no necessity of resolving himself into a committee of one on ways and means to meet the exigencies at the end of every month, there must be a mental equilibrium and poise far removed from the thought of the almighty dollar whether it be from need or greed. The best physicians of today are probably more carefully trained and with greater expense of time and money than any of the other professions and this is as it should be, those who hold the health and happiness of a nation in their keeping can not be too well trained and if we are true to our convictions we have also soon learned how four years of hard work in a medical college but ill prepared us to meet understandingly the intricate problems of disease and the application of the science of medicine

in an intelligent manner. Yes, gentlemen, the physicians assume the grandest of responsibility, they can not be too well educated or too well paid when they perform their duties in an intelligent, conscientious manner, and it is my belief that the people when once assured that the rank and file of the medical profession are able to give the best that the science of medicine affords toward retaining health or palliating disease, they are ready and willing to pay just and reasonable fees to that rank and file of the profession. It oft times looks to me that the situation has come to this that doctors really do charge what their services are worth, and though the people have found that out in despair of getting first class service beyond a reasonable doubt, they unwillingly pay a good fee and eventually drift to the cheap doctor, the result of all of which is to either scale down the ruling fees or to create a general feeling among the public that extortion is being practiced by the profession. If then the assumption be true that the public (and by the public I mean the more intelligent public) are willing to pay good fees, provided they are assured of intelligent service, and I believe they are from my conversation with them, then it is up to us to make good, how then shall the rank and file of the American physicians be raised to this standard? Permit me to offer a few suggestions:

First of all, those young men who contemplate the study of medicine should be willing and voluntary scholars, the desire of knowledge must be a natural instinct born in them and continuing with them during their whole lives, this instinct is oftentimes but feebly shown in the early periods

of many young students, but can be developed and made permanent by a thorough academic education, such as is evidenced by the ordinary academic degrees of our present collegiate courses, and this much evidence of willing scholarship should be exacted of all who contemplate entering the profession of medicine or any of the learned professions, to the end that no commercially inclined aspirant can secure fellowship in a society to which he was never fitted and in which he can only be an impediment to the advance of the science and his end that of the charlatan and the quack.

The standard of the American physician can never be elevated by the multiplication of the so-called boards of the medical examiners as they are now constituted. In most of the states they are wholly the creatures of the state executive who happily in some cases make such appointments according to fitness, seeking advice and accepting such from organized medicine, the state societies, membership in which is a tolerably reliable exponent that the holder thereof is headed toward and is in sympathy with higher and more scholarly ideals in medicine, unfortunately in many instances these emoluments, and it is a fact that these appointments are made purely political same examiners could not make a passing mark in a line of questions similar to those they propound. Has is not gotten to the *reductio ad absurdum* when graduates of our high class universities must go before boards of this kind to show fitness when this has been attested by the signatures of the medical authorities of the nation. The medical examining board came into existence as a means of defence against the commercial col-

lege which was grinding out all sorts of incompetents. It probably served a good purpose and has been of some temporary service to society, but at its best the idea has ever been an academic curiosity and must ever remain, so, its days of usefulness are over, from the way it was created it could not long survive in honesty and never could add anything to the elevation of medicine. On the other hand, it has dragged it down, one sees today a single man styled a quiz master offering to do in a few weeks, aye practically guaranteeing, what four years of substantial work in a standard medical college was liable to fail in, and mores the pity these veneered specimens of the quiz-master are usually the *summa cum laude* product of the state Board Medical Clearing House. Is it any wonder that American medicine lacks in productive scholarship and our more enthusiastic students have been forced to go to the continent to the feet of the great masters. Where then is the fault? Granting that some of it is with our political notions and ideas controlling, still much is with ourselves, I care not from how modest a little school some of us may have made our debut into the medical world if we have been the true scholar, that the learned professions exact of all, we can easily see the fault and as well the remedy. None of us should give the least encouragement to any school to an existence, even though it may have been our Alma Mater, unless that school at once shows a desire to get in touch with the spirit of the times, in touch with the spirit of progress, in sympathy with its own intellectual conscience, doing away with all selfish and commercial methods, becoming a corporate part of a great univers-

ity and thereby subjecting itself in all things to the God of Knowledge, turning its back to the worship of the almighty dollar and the enslavement of an unbecoming personal vanity, if it can not do this it should give up its charter and go out of existence, if it will not it must be driven to it by protest on the part of all the profession, even the protest of its own alumni. A half dozen schools east of the Alleghenies, a like number in the Mississippi Valley and perhaps two or three on the Pacific Coast would be ample to guard the public health, and the Monroe Doctrine should apply to the presumption of any increase thereof. The health and happiness of the nation would never suffer at the hands of this type of college, the competency of its graduates to practice medicine as it ought to be practiced, to the good of humanity and honor to the science, must far surpass the present day protégé of quiz-master and state board. Then, gentlemen, let us strike at the root of the evil, let us destroy the commercial medical college, and we have destroyed the commercial physician, the advertising agent of the purely commercial pharmaceutical house, a type of physician more nauseating than the frank and open quack, if such be possible, for the quack, though he be a knave, is not a fool, while this medicated soc. is so gullible as to be persuaded into prescribing all sorts of proprietaries, synthetical preparations possibly, more likely simple colored mixtures, carrying high sounding names always accompanied by a species semi-scientific lot of tommy-rot to for-sooth. I may be mistaken, but I can not but believe that it is the low standard of preliminary education along with its parallel, the commercial

medical college, that is responsible for the drug store doctor and the department store doctor of the present day as well as that other type who has headquarters in the saddle who would do all the work in their various spheres of activity at a prevailing fee that would shame a second rate mechanic, he has sized himself up and whatever other qualities he may lack he excels in diagnosis. He has been able to diagnosis himself, and it is this: He has congenial deficiency of gray matter and his center of gravity is a little low down, he does not have time to write prescriptions and soon does not have sufficient intelligence to attempt anything better than memoranda calling for Scott's Emulsion, Gude's Peptomangan, Listerine, Antikamnia, the various Bromos, etc., etc. This sort of physician prepares the soil in which the seeds of patent medicines are sown and thereby robs the profession of millions of dollars which very properly and justly belongs to them. **They** have never done a scintilla of good in the communities where they have flourished. On the other hand, they have left a trail of ruin, a multitude of human wrecks which a kind public has charged up to the Almighty, but which cold science charges directly to them. oft-times living in the brown stone house on the corner, and, sad to say, sometimes found in the Amen corners of our churches. I am happy to say that only a small percentage of the intelligent profession affect this sort and in many cases it probably comes about in this way:

That some of us who may be really sincere and honest at heart through fear that a fickle public may think us just a bit behind the times, we make use of these modern high sounding



remedies. On the other hand, if we have been guilty, though an undue credulity on our part or a seeming plausibility on the part of the attached literature, if we only stop to think we well know that the multiplication of remedies on the part of the present pharmecudical houses is only to distract and begot the medical mind, only to pay dividends on the stock not for truth or human welfare and the medical profession is only the butt of their ridicule, if you put your ear to the ground you may hear something like this: "What fools these doctors be." Along this line, also, I wish to refer briefly to the present relation of the profession toward life insurance companies. The scheme when honestly conducted is not to be condemned by physicians; on the other hand, perhaps it can be shown to be a philanthropic institution making for the good of society, and, therefore, ought to be encouraged. But in these days of commercialism when men's love for the almighty dollar has blinded them to all decency or reverence for the Golden Rule, a great multitude of insurance schemes, so-called fraternal, semi-fraternal, benevolent, etc., *ad finitum*, have been created whose only object is by a specious argument of false fraternalism or by special economy in management, etc., they are able to give cheaper insurance and thereby catch the unwary in their net, having never a single thought of fulfilling their contract, but to steal the first premium looking to the lapsing of the policy, or in event of a big pay day to go out of business the day before. This class of insurance companies are the one, two and three dollar per associations which usually by letter or by agent ad-

vise you that you have been selected to act as examiner for them. Now there can be no question that a medical examination ought to be worth five dollars to any company which is in the business honestly, if that examination is honestly and intelligently made, and, furthermore, no intelligent physician is going to make an honest examination for a fee less than five dollars, and these companies know that, therefore, the fact that they still persist in still tending the paltry and insulting fee, is good proof of dishonest intentions towards the public, and the profession cannot afford to be a particeps criminis to what in my judgment is one of the most contemptible of modern methods of filching the public. If doctors stop to think I feel sure that there will be mighty few of them who would regret the loss of a few dollars at the end of the year gained from this doubtful source.

If, then, I have pointed out some unfortunate, some vicious conditions in the grandest and noblest of professions, and there is a remedy, let us apply it, put away the idle thought that county medical societies or codes of ethics will ever correct, we must destroy the commercial physician, and to do that we must destroy the breeding places, we must destroy those medical schools everywhere which were born out of the vanity and selfishness of a small and ambitious set of our profession in those undersized cities where there was no proper clinical facilities and no proper teaching force available. We must raise the standard of admission to our medical schools and we must raise the standard of our teaching forces in those schools. Authorities only must be appointed to the professorships to our colleges. Men



who have won their way to public recognition by what they have done for the science and not what the position and the publishing house has done for them. These men must have made good by reason of original investigation, their lives must have been much in the laboratories, their work in the field must necessarily be in the nature of consultation practice only, their salaries must be maximum, not less than \$15,000 annually. We must not hearken to that old time objection to high standards in medical education that under such restricting conditions there would be no doctors to meet the needs of the far outlying districts, etc.

When conditions become so ideal, we will confer a bachelor degree upon our third year student and give him authority to practice under certain conditions and for a limited period of time, a concession which will in no wise lower the standard and which will be of practical advantage to the poorer student in his education. Medical education and the practice thereof must be possible to the poor with brains as well as to the rich with brains and money. There must be no aristocracy in any of the learned professions. You will say that the plan is Utopian, that it is not possible, that it can never be attained, that it is foolishness, but I say, gentlemen, there can be no progress without ideals, ideals in work are the sine quo non to advancement in science as well as in literature and art. Some years ago we adopted an open diplomacy in regard to the practice of medicine and it was the best step we ever took to give truth a boost and quackery a blow, we must continue in this line. Knowledge does not have to slink about in the darkness with covered

head. When we know, we do not have to give a Delphic answer to an honest interrogatory. There may come times of bitter disappointment and the love of money, or perhaps the need of it, may cause us to think kindly of the old methods, the silk hat, the frock coat, a little longer hair, but the world has moved on, and today they realize that Shakespeare told a truth, "All that glitters is not gold." God speed the day when every physician can feel within his breast the throb of an honest heart, know that he is able to give to society out of the fullness of his knowledge.

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**A PRELIMINARY REPORT  
ON THE  
Hypodermic Injection of Mercury in the  
Treatment of Tuberculosis.**

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Le Roy S. Peters, M. D., Silver City, N. M.

The treatment of tuberculosis by the hypodermic injection of mercury has within the past year created more or less interest, both among the laity and physicians in general; among the laity, perhaps, owing to the wide advertising given the treatment by Associated Press dispatches; among physicians, no doubt, by the eagerness of the profession to grasp at any new remedy that offers a possible chance of curing the disease or lessening the ravages of the Great White Plague.

We as physicians are perhaps a little too prone to rush in where angels fear to tread, and yet without this spirit of curiosity the science of therapeutics would forever remain at a standstill, and medicine today would stand where medicine stood in the dark ages.

Still the fallacy of all new methods

of treatment, the use of old or new remedies now for a period of time, then the replaing of these same cure-alls on a corner of the black shelf and the trying of a new specific, all point to the time worn fact that as yet nothing has been found in the drug line that justifies us in announcing a cure or even a remedy that works wonders, so to speak, in the treatment of tuberculosis.

It is true, however, that a few measures aid us in the fight, but, as for knowing of any remedy that even hints at a specific, we are as much in the dark as ever.

It was not so many long years ago that Robert Koch announced to the profession a cure, or what he thought might prove curative, in tuberculin. Then as a body we flew to the new discovery, and—what did we do—killed more unfortunate victims than we cured. As a result tuberculin fell into disrepute until recently, and now again in a far less degree it is being used in suitable cases with apparently good results. I say apparently good results, because no one can say just how many given cases would or would not have attained the same happy outcome had the usual routine treatment, and that only, been followed.

And now what I have said in general applies to the hypodermic injection of mercury as advocated by Surgeon Wright of Fort Lyons, Colorado. With all due respect to the doctor, I feel that he is wildly enthusiastic over the use of this drug and that he has let his enthusiasm blind him in his case reports from time to time. He has let the pendulum swing too far on the high road to recovery, and I believe that sometime in the future it will return with a resounding whack

and shatter all the fondest dreams of those who look for wonderful results by the hypodermic injection of mercury.

You may begin to think I am a knocker. Such, however, is not the case. Far be it from me to knock a method that is still in its swaddling clothes, and further be it still to condemn that method in which none of us, not even Wright himself, has had sufficient experience to warrant him in forming an opinion for or against. On the other hand, I believe in fostering the theory, in bringing it past the infant stage, and proving to our own satisfaction and then to the satisfaction of others the truth or fallacy of the claims made for this particular method of treatment. I hope the method will make good, but before we can safely say that such a Utopia has been reached we must have reports from men in all parts of the world who have experimented under good and bad conditions and whose reports show results equal to those investigators who have worked in more favored climes.

Years ago the self same drug was used in the treatment of tuberculosis, but with apparently no effect, and then was discarded for other sure specifics until recently, when it again claimed the attention of the public, both lay and professional, and has attained the wide advertising mentioned in the beginning of this paper.

Let us ever remember in a consideration of Wright's results that, when all is said and done; when the wheat is separated from the tares, and when the enthusiasm born of a new method of treatment is shorn of its brilliancy, we have left results that bespeak for mercury little, if any, more than for the

old and time worn method—rest, fresh air and good food.

Before going further let us consider Wright's results after a year's use of mercury. I take the following table from one of his papers published in the "Journal American Medical Association," April 17, 1909:

	Mer- cury treat- ment	Rou- tine treat- ment
Cures .....	8	7
Marked imp. ....	43	0
Improved .....	16	2
Slightly imp. ....	17	7
Stationary .....	19	19
Failed .....	42	38
Died .....	16	11
Total .....	161	78

In those classified as cures, markedly improved, improved, and slightly improved, note how few took only routine treatment, and that nearly all took mercury. Who can say how many in

tionary, failed and died in which by

Bernart in the "New York Medical Journal," June 27, 1908, states that in syphilo-tuberculous patients treated by injections of mercury an improvement in the general condition is seen for a time, but if the treatment is continued a few months will show a gradual aggravation of the tuberculosis.

Thus far from a hasty scanning of the literature I have failed to find results that justify the enthusiasm of Surgeon Wright. In my own cases I realize that I have used the method over far too short a time and on far too few cases to warrant a just opinion. Still if we follow Wright's articles we expect to note favorable results almost at the very beginning and at any rate before the first series of injections have been given.

My report, which I consider only preliminary, covers a series of seven cases under my care at the Sunnyside Sanatorium. The treatment was begun June 1, and the records are carried to the present date.

TABLE OF CASES

Case	Status		Temp.		Hem.		Blood		Pres		Sputum		Pulse		Complic	Restlts
	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft	Bef	Aft		
I	III	III	99 2	100 4	90	100	136	136	pst.	pst.	98	96			Hemorrhage	Station.
II	III	III	99 2	99 2	100	100	132	132	pst.	pst.	96	100			T. B Intes.	Died
III	III	III	100 8	100 0	90	100	120	120	pst.	pst.	108	106				Sent Home
IV	III	III	99 8	98 6	95	100	150	148	pst.	pst.	106	74				Improved
V	I	I	98 6	98 6	100	100	145	148	pst.	pst.	99	10				Improved
VI	III	III	98 6	100 3	95	100	140	150	pst.	pst.	100	100				Failed
VII	III	III	100 6	99 2	95	100	110	120	pst.	pst.	120	120			Syphilis	Improved

far the largest number did not take mercury, who can say how many of these unfortunates would not have attained this unsatisfactory end had they availed themselves of the hypodermic injection of mercury?

these classes would not have attained the same happy results had mercury been omitted? On the other hand, in the remaining cases classified as sta-

From the foregoing table it is safe to say that my results with mercury are not better than with any other method of treatment. However, as I said in the beginning I do not condemn the method from my own experience, but I still feel that were I to multiply these cases by the hundreds the same conclusion would be forthcoming. It would seem that as Wright



says the hemoglobin is increased, and in one case, No. 4, I noted a decrease in pulse rate and temperature with a diminution in cough and expectoration.

It is only fair to say that the patient who died did so as a result of bronchopneumonia following a series of hemorrhages, and the one sent home developed during the treatment tuberculosis of the intestines. Of the three improved cases one was a syphilitic, one in the incipient stage, and the third had been chasing a cure long enough to show signs of improvement anyway. The patient who failed, prior to the use of mercury, was doing well and had been an apparent arrest for five months. After a few injections his temperature went up and activity was noted throughout the upper lobe of the left lung. However, I reduced the dose and continued the treatment with no better results.

In all cases I found that the 1-5 grain dose was too high, in each case a rise of temperature being noted after the injection and in the incipient patient marked soreness of the jaws and gums. I, therefore, used in all injections thereafter 1-10 grain with apparently less ill effects.

And now in closing let me leave these words with you: Until we get a drug, serum, or what not, that shows results in a reasonable period of time let us not be too prone to herald the long looked for specific for tuberculosis.

### THE INDIGENT CONSUMPTIVE PROPOSITION.

By C. M. Mayes, Rozwell.

One year ago there met in our nation's capitol, one of the most important meetings of scientific men that ever assembled. They were of the best

brain, both lay and medical. Their purpose to check the gigantic waste of human life, by devising means for the prevention and cure of tuberculosis.

The meeting of the Sixth International Congress on Tuberculosis will go down in medical history as a new epoch, and with other like gatherings will ultimately be the means of saving untold numbers of lives and dollars to every nation.

In the meantime, we of New Mexico, as well as a few other Territories and States have a problem to solve that should interest us locally.

The care of the indigent patient and to save our fair land from being a dumping ground for a certain class of people should be a study of three fold interest. First, humanitarian; second, monetary, and, lastly, for the prevention of the spread and cure of the disease. Or perhaps we might reverse the order of this problem, but all three being so very important that I hope no objection may be had as to which may be most important.

From a viewpoint of humanity or charity, if you like, there is no sadder picture anywhere than the indigent consumptive patient, and the picture becomes many times more sorrowful when they are cast among strangers, especially when the strangers (as we are) are overburdened with this class.

They are sent to us or drift here in all stages of the disease, and only too often without income or friends, and for the most part unable to perform necessary manual labor for their support. They sit about our parks, on our curbs, in our places of amusement and recreation. In the saloon, breathing tobacco smoke and air otherwise contaminated. Friendless, homesick and only too often poorly clad, badly housed, and hungry, or at least without neces-



sary food. It is not an easy matter for one in affluent circumstances bearing the inevitable stamp, to obtain accommodation in this, our land, of boasted western hospitality, and are forced from door to door, and often if housed at all, mayhap in a tent, that boasted abomination of sanitary measures.

I would transgress here long enough to express the opinion that the only recommendation for the tent is its cost; and as ordinarily constructed, heated and ventilated must on necessity cause the death of many that might otherwise live.

They live on from day to day, possibly hoping but too often without even a hope, waiting for the inevitable. A menace to the exposed, and a burden both to themselves and our citizenship. Could anything be sadder?

From a monetary standpoint individually we have very little. We give our services, often grudgingly, and think not of the other even more necessary adjuncts to the life of a being which life is daily being sapped by disease. They must eat, sleep, be housed and buried or transported. We see them day after day a veritable picture of nostalgia. We hear them cough. We probably miss them. They are dead. Each one is human. Their lives are as dear to them as ours to us. Perhaps family, dependents at home. Something should be done.

From a monetary standpoint,—The annual loss from tuberculosis in the state of New York is estimated at \$65,000,000.00. Now, while New Mexico has not the people, nor a climate productive of such a loss, yet like all health resorts, we are a dumping ground and thousands of patients unable to care for themselves are thrown upon our hands every year besides being a menace from a sanitary stand-

point, must be cared for from some source, hence become really wards of municipalities, societies or individuals. Very few cases of tuberculosis originate in New Mexico, but each one is surely by reason of environment and most probably may be traced to those incapable of caring for themselves or being taught the necessary precautions.

Those of us who have had to do with county affairs in caring for the poor know only too well the annual cost in transportation alone, in sending these unfortunates home to die. This being the more economical end of the dilemma.

Many, however, have no one nor any home to which to return and must be cared for, perhaps for years, from the county funds.

Lastly, and probably most important, is the danger of infecting others, and the very difficult problem in treating these poor people.

Very many of them come here with preconceived ideas as to treatment, hygiene, diet and mode of living, and were they capable of being taught are not under the care of a paid adviser, hence are left to drift and spread contagion, and raise up a new race of consumptives.

This is the problem, what the solution?

At the Congress above mentioned, the entire subject was very ably covered in every aspect, however, in our estimation too little was said about the care of the dependent ones. Dr. P. M. Carrington, of Ft. Stanton, N.M., however, read a paper, "Economic Housing of Consumptives With Especial Reference to the Southwest," which should be read by every physician in the land, and should especially be pondered by all Eastern physicians, as he has admonished them against sending

indigent consumptives of our country.

Dr. C. E. Edson of Denver also aptly advises that if "the patient's financial, social or domestic circumstances are such that he cannot in the new climate secure proper and sufficient food, accommodation, care and medical attention, or if his mental attitude is indavisable, he should not be sent away."

Now, what are we to do? For, as time goes on and until we have mastered the disease it is but justice to ourselves, to our fair Southwest, that we look about us, take cognizance of the peril, the inhumanity; and devise some means to check the inflow of these undesirables and to care for those we have among us.

If I am able to start some scheme or be the means of influencing some one who is able to devise means to this end, then this paper has not failed in its purpose. I would offer just a few suggestions for your deliberation, and I hope that this body may be able and willing to take up this work, and our President offer some means to further carry on the work.

I would first suggest that (and I know whereof I speak) a few, if not many, physicians elsewhere habitually treat these people until they are at a low ebb, both physically and financially, then advise them to try a change of climate. Now, is it not possible that we may be able to reach and influence a great majority of the profession elsewhere and advise them of the fact that in sending these people to us they not only burden us, but at least shorten the life, and perhaps end the days of many that under more favorable circumstances at home should actually recover. We have seen at what an enormous expense has the disease been to states with a show of statistics, and

can but realize that New Mexico is, too, bearing a burden, and if we can show to our Legislature and some philanthropist the great need of a sanitarium conducted along economic and charitable lines we may soon be able to care for those unavoidably thrown on our hands. New York has passed laws for her protection. Texas has at least agitated the measure. Hence if it is legal to declare consumption quarantinable, as is Texas fever in cattle, as is Bubonic Plague or Variola in man, why not protect against a disease that pales into nothingness every other calamity under Heaven. Our government spends vast sums annually to rid sheep of scab and cattle of fever and horses of glanders, and it is but reasonable to suppose that if the proper pressure were brought to bear upon the matter that humanity would at least share equally with the lower animals. I would suggest that we see each member of our Legislature and if possible show them the importance of devising means, both for the protection of our commonwealth along these lines and the necessity of establishing a Territorial sanitarium.

We have the means, and history shows that we are not afraid to spend it, and I do not think we could make a better investment than in protecting the lives and health of those unavoidably thrown upon our hands. Physicians elsewhere should be asked to notify their patients that unless they have an income; are not prepared to stand an expense of at least \$15.00 per week indefinitely, that they should remain at home, though that home have no climatic advantages; for climate surely amounts to nothing unless the necessities of life and the comforts of home may be an adjunct.

What may be done for the prevention and spread of a disease and the

cure of our ward and those liable to become burdens upon charity? This is being done in a way, nearly everywhere, but laws and rules to that effect are poorly enforced, and new laws should be evoked. We should have a representative in the cabinet, more representatives in both houses of Congress and in our own body of lawmakers.

A catechism should be introduced in our public schools acquainting every child with the simple rules of prophylaxis, and the teachers should be compelled to show an acquaintance with every detail of prophylaxis as well as a clean bill of health. Our anti-spitting ordinances should be more strict and more thoroughly enforced. There should be in every community a physician whose duty it is to help the officers, and to whom all cases should be reported. He should be a man of ability and should be salaried sufficiently to demand the services of a qualified man. It would seem at first sight that these measures would entail an enormous expense, but when compared with the enormous financial loss brought about by death, disability and the care of indigent consumptives the former sinks into insignificance.

Gentlemen, let us be up and doing and save our reputation as good Samaritans by caring for the needy and smoothing the pathway of the indigent consumptive, a stranger within our gates.

#### NOTES

##### **The Viability of Certain Micro-Organisms in Sausage.**

Signer (*Annali d' Igiene Sperimentale*, Vol XIX, 1909). The author performed a number of experiments upon sausages, prepared in the customary manner, in order to settle the question whether or not pathogenic micro-or-

ganisms may still act as disease producers a long time after the manufacture of the sausages. Pork, veal and rabbit meat were employed for the purpose, the meat being infected with the pathogenic agents either through rabbit-muscle tissue from animals dead from septicæmia or through direct infusion with agar cultures. It results from the examinations that the micro-organisms do not remain viable for a considerable length of time in dried and smoked sausages. Even the anthrax bacillus has lost its viability twenty-two days after the manufacture of the sausage, the spores being destroyed likewise. The pneumococcus is no longer demonstrable at the end of eight days. The glanders bacillus and the staphylococcus pyogenes were found to be no longer viable at the end of two days. A survival of four days was determined in the case of bacillus prodigiosus. It was furthermore ascertained that the streptothrix (Eppinger) and the bacillus of pseudo-tuberculosis can barely survive two days in the sausage. The author points out that the destruction of the micro-organisms in the sausage may be brought about by a variety of factors, such as the presence of common salt and fat, as well as desiccation. The exclusion from air likewise plays an important part in the case of the aerobic germs. Experiments with aerobic micro-organisms are under way to determine the accuracy of this assumption.

##### **Science Healers Scored**

A coroner's jury at Worthington, at an inquest held on a woman who died under Christian Science treatment, returned a verdict of death from natural causes. They accompanied it, however, with a rider to the effect that Christian Science treatment in serious cases was to be deprecated, and that



the taking of money in fees by Christian Scientists was decidedly un-Christian conduct.

#### **Heart Massage Awakens Dead.**

Forty-five persons who have died recently, form the basis of a most remarkable report on bringing the dead back to life, according to the *Medical Record*. The remaining eight died after a short time. Forty of the cases treated are said to have been due to the anaesthetic administered. The report says that in each instance, immediately after death ensued, or not more than five minutes afterward, the chest was opened and the heart was given a direct application of manual massage.

"After the chest cavity has been opened the hand is forced in and the heart is grasped toward the anterior thoracic walls, and the ventricles are squeezed rhythmically at the normal rate of heart beats. Sometimes fully fifteen minutes elapse before any response is obtained. During all this time assistants should be busy with artificial respiration, saline and adrenalin infusion, tongue traction, intubation or tracheotomy and elevation of pelvis and legs."

#### **How Scarlet Fever is Spread as Exeter.**

At Exeter police court, on August 27, a widow was summoned for exposing, without previous disinfection, wearing apparel which had been liable to contact with scarlet fever. Evidence showed that the defendant, who had been nursing a child suffering with scarlet fever, went home each day without changing or disinfecting her clothes. There were at her house a boy who was employed at a drapery business, a daughter who took in washing for a public institution, and another daughter employed as a servant, who came home for two hours every day. The bench of magistrates fined the woman 10 shillings and ex-

pressed the hope that it would be a warning to the neighborhood.

There is no remedy, the bugbear of the desquamative stage must fall. Let us educate the public and teach it to avoid from the very beginning of exposure the discharge of air passages, ear and abscesses and to sterilize everything which may have been in contact with such. Then the disease will be restricted greatly until medical science will clear up the last doubt about the causative agent and provide a specific remedy.

In the meantime, must we face the unpleasant duty to arouse the public from the slumber of superstition or popular belief.

The public will become indignant, it will laugh. The auld practitioner,—the old-timer with his empiric formulas,—will sneer,—the wise men of the town will ridicule.—Never mind. They did so about the mosquito and malaria, about the boiled water and asepsis in general.

This is nothing but one of the penalties of advanced knowledge.

#### **ANAPHYLAXIS AND TUBERCULIN.**

A new enemy has appeared, anaphylaxis. It is a great mistake to confuse over-susceptibility with anaphylaxis.

Certain individuals may be over-susceptible to the influence of heterogenous proteins, but this is more peculiarity and not the rule. It takes over two weeks after the injection for the formation of the antibody. Therefore before a reaction takes place between the anaphylactic antibody and the antigen we must not speak of anaphylaxis. The process is the splitting of a protein with the formation of toxic bodies (fermentoid-theory).

Pure anaphylaxis cannot be followed

directly by immunity. While an acute anaphylaxis may inhabit and shorten the anti-toxic action of a serum, yet it would be unwise to desist on account of such occurrence from the specific treatment. The passive harm done by omitting the proper treatment excels the harm which might result from the occurrence of slight anaphylactic symptoms.

If the susceptibility of an individual is abnormal, the proper dose must be found, because the attack does not depend upon the introduction or production of a precipitin, but solely upon the quantitative relation between antibody and precipitin or the analogous toxine—antitoxin.

Another source of error may be the pyrogenous action of heterogenous proteins and the splitting up of same other than lytic.

#### CORRESPONDENCE.

The Albuquerque Tribune wants physicians' cards. It seems they are hard to get, and the Tribune tried to be smart. A fairy-tale was concocted, a poor one, too. So poor was the fairy-tale that anybody could see the Tribune's poor hand. The tale stated that a man looked for a specialist and, because he could find no card in the Tribune, had the worst kind of hardship and experiences. The story winds up by pointing out to the public how criminal it is for the respectable medical man not to advertise.

There is no reason why a physician should not have a card in a respectable paper. The Tribune is respectable enough, but look at the ads. How does a respectable physician's name appear on the same page with the Kodol-Swindle, the Lady-Pinkham Humbug, the Sloan Kidney Fraud, and with the pictures of a fake sanatorium where a

sphygmomanometer is applied over the coat sleeve or the picture of a static machine in connection with the fake of a new discovery.

The daily press may be so hungry or starving that they need the ad of a recognized and exposed fraud for a living; but as long as they promulgate fake statements which allure the public how can they expect the majority of the respectable profession agree to have their name appear amongst such ads.

By associating with charlatanism the physician may be taken for a charlatan and none can afford this. Purge the press from the "Great American Fraud" and that the press will be a fit medium for the respectable practitioner, but not before.

#### BOOK REVIEW.

*"Plaster of Paris and How to Use It."* By Martin W. Ware, M. D. Surgery Publishing Company, New York.

*"Paraffin in Surgery."* By Frank I. Horn, M. D. Surgery Publishing Company, New York.

While the first of the two small volumes is only of value for those who seldom use plaster of paris, but in this case an excellent guide, the second is of great importance. A complete and full history of the prosthetic use of paraffin is given. Of special interest is the description of the fate of the injected mass. While showing what can be done and what has been done, the author is plain in reporting bad results, fatal accident and all possibilities of failure.

The little book deserves a thorough study and ought to find a place on the shelf of every practitioner.

*The Ophthalmic Year Book for 1909* covers the subject fully. It is a concise an condensed resumé of reports and

investigations to date, and the authors do themselves much credit in giving to the profession a book that will be appreciated by the general practitioner as well as by the ophthalmologist.

Drs. Tull and Bakes.

### NEWS.

At the close of the Roswell meeting, in time for the banquet, a telegram was received which needs no explanation.

"Deming, N. M., Sept. 16.

"Dr. H. K. Angle, President N. M. Medical Assn. Roswell N. M.

"In spirit I am you tonight—Let the toast pass—And drink to the lass—I am sure she is excuse enough for the glass—  
Swope."

It spoke for itself. While congratulations were general, serious faces could be observed and many swore they would go and do likewise.

Simultaneously with the Society met the *New Mexico Association for the Prevention and Study of Tuberculosis* and elected the following officers:

President Francis T. B. Fest.

Vice-President J. W. Colbert.

Secretary-Treasurer L. L. Peters.

*The N. M. Branch of the Red Cross* elected:

President, J. W. Harrison.

Secretary and Treasurer, J. W. Colbert.

"The President of the American Gynecological Society has appointed a committee to report at the next annual meeting in Washington, on the "Present Status of Obstetrical Teaching in Europe and America," and to recommend improvements in the scope and character of the teaching of Obstetrics in America.

The committee consists of the Professors of Obstetrics in Columbia Univers-

ity, University of Pennsylvania, Harvard, Jefferson Medical College, John Hopkins University, Cornell University and the University of Chicago.

Communications from anyone interested in the subject will be gladly received by the chairman of the committee, Dr. B. C. Hirst, 1821 Spruce street, Philadelphia, Pa.

Sincerely yours,

B. C. Hirst.

W. C. T. A.

The good done by any society which tries to improve mankind by elevating the moral standard of the individual must be praised.

If, however, a body of laymen or lay women requests that alcohol be stricken from the pharmacopea they become unreasonable.

How could you buy paragoric for your baby or Mother Sigel's soothing syrup or Peruna, or tincture of jodine, or arnica? Do the ladies forget that perfumes are alcoholic solutions of volatile oils? Do the ladies know that all the nice flavoring extract used for fancy cakes are alcoholic solutions or tinctures?

Strychnin is a deadly poison—is there any reason to strike strychnin from the pharmacopea because murder and suicide has been committed?

"Y."

### WARNING.

A family Dienst stopped at a sanatorium near Las Vegas. They were requested to behave or leave. Their trunks had to be held for settlement and then the lady wrote a check "without funds." They went south.



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